

# Pharmacy Technician Renewal Form

South Dakota Board of Pharmacy  
4305 South Louise Ave., Suite 104, Sioux Falls, SD 57106 -- 605-362-2737

Renewal Application for Technician No. \_\_\_\_\_

Fee: \$25.00

**Original registration required within 30 days of accepting employment as a technician.  
Application available at [www.pharmacy.sd.gov](http://www.pharmacy.sd.gov) or by calling the Board of Pharmacy office.**

It is the technician's responsibility to renew the registration prior to expiration date  
and to report a change of name, address, or employment status within 10 days of such change.

## INSTRUCTIONS:

- Type or print in ink complete answers to all information requested. Incomplete or illegible applications will be returned.
- You and your Pharmacist-in-Charge must sign application.
- Remit completed application and \$25 fee to South Dakota Board of Pharmacy.

## Personal Information

Technician Name \_\_\_\_\_  
Last First Middle Initial Maiden

Home Address \_\_\_\_\_  
Street/PO Box City State Zip

Telephone Number \_\_\_\_\_ Male Female

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Employment Information (if employed at more than one pharmacy, use reverse side):

Pharmacy Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Are you enrolled in a technician training program? ☐ No ☐ Yes Where? \_\_\_\_\_

Are you currently a Nationally Certified Pharmacy Technician? ☐ No ☐ Yes/Recertification date: \_\_\_\_\_

Have you ever been registered as a pharmacy technician in any other state? ☐ No ☐ Yes Which states? \_\_\_\_\_

## Declaration of current impairment or limitations (ARSD 20:51:29:08)

**Within the past 2 years**, have you ever been counseled, reprimanded, or terminated from a job because of the use of any drugs, alcohol, or other chemical substances, or do you have any physical dependency or mental condition which in any way impairs or limits your ability to perform the duties of a pharmacy technician with reasonable skill and safety?

☐ Yes ☐ No (If you responded "yes", please explain on a separate sheet.)

## Felony or misdemeanor crimes (ARSD 20:51:29:09)

**Within the past 2 years**, have you ever been charged, convicted, found guilty of, or entered a plea of guilty or no contest to a felony or misdemeanor crime (other than minor traffic violations with fines under \$100)?

☐ Yes ☐ No If you responded "yes", please explain on a separate sheet.

*I agree to abide by the South Dakota pharmacy law and the rules of the Board of Pharmacy.*

*I declare and affirm under the penalties of perjury that this application has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.*

Signature of Pharmacy Technician Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Pharmacist in Charge \_\_\_\_\_

RPh License Number \_\_\_\_\_

Date \_\_\_\_\_